



**SUQUAMISH INDIAN TRIBE
HEALING HOUSE**
həliʔilalʔtxw

6968 NE Enetai Lane
Suquamish, WA 98392
Phone (360) 394-1350
Fax (360) 598-2783

POLICY

Controlled substances prescribing for non-cancer diagnosis.

SCOPE AND APPLICABILITY

This policy applies to non-cancer diagnoses.

Prescribing clinicians at Suquamish Health Division programs including Wellness Clinic and Healing House, will follow federal DEA regulations, Indian Health Service standards and all Washington State guidelines when using controlled substances in a treatment plan for patient/clients of Suquamish Health and Human Services programs.

Marijuana, while legal in Washington State, is still considered a federal DEA class I drug with no medical use. As a facility with federal funding, the Suquamish Health Division does not prescribe cannabis products for treatment or in conjunction with prescribing controlled substances for chronic problems.

POLICY

It is the broad expectation that prescription of controlled substances (excluding buprenorphine for Medication Assisted Treatment) will be rare and for clear diagnosis or indication, limited, brief, and using the lowest effective dose for the least amount of time. Prescribing clinicians will follow the best practice guidelines and maintain all monitoring standards for patients whose treatment plans include controlled substances.

Where applicable, validated assessment and monitoring tools, urine drug testing and copies of the guidelines in print or online, will be available for prescribing clinicians to use for the purpose of meeting this policy.

Prescribing controlled substances must be based on clear documentation of indication, pharmacologic and non-pharmacologic treatment plan, and monitoring plan. Prescribing clinicians will emphasize patient/client safety in prescribing and using controlled substances in treatment plans by meeting or exceeding federal DEA regulations, Indian Health Service recommendations, and Washington State law and guidelines within the scope of their practice.

[New Patients with a History of Long-term Use of a Controlled Substance](#)

Before a new patient with a history of long-term controlled substance prescription use receives the first prescription from a clinic clinician, the clinic record must contain and the clinician will review: previous medical records, urine comprehensive drug scan result, PMP search results and, if continued long term use is anticipated, a completed controlled substance contract. Controlled substances will not be prescribed at the first visit nor will they be prescribed until the urine drug screen result and previous records have been reviewed.

Medical records: Patients must sign a release of information for medical records documenting previous medical work-up and treatment regarding the reason necessitating controlled medications. The Suquamish Tribe Healing House will provide the patient forms for release of information along with the fax number and mailing address of our clinic. The patient's previous clinician's office should send the information directly to the Healing House.

The initial clinic note will be complete for elements of the Past, Family and Social histories that could put a patient at risk for medication problems. It should include a detailed prescription history (last time/date-controlled substance was taken).

Drug Screening. Urine comprehensive drug screening will be performed in the clinic to detect specific synthetic opioids along with morphine/codeine, benzodiazepines, drugs of abuse such as amphetamines and cocaine, and common prescription medication such as tramadol, cyclobenzaprine, and Tricyclic antidepressants (TCAs). Patients should not wear coats and other outer clothing or take purses, bags, backpacks into the bathroom. The nurse or clinician should confirm promptly that the specimen is appropriately warm and should send it directly to the lab, not give it to the patient to deliver.

The clinician will review consistency between screen results and patient history and check that no illicit drugs are present.

Once the clinician has reviewed the record and the drug screening, clinical judgement and discretion will determine whether to continue the controlled substance at current dosing or frequency, taper the drug, stop the drug, or seek further consultation for further diagnostic evaluation or assumption of prescribing.

It is the expectation that patients prescribed chronic controlled substances are concurrently seen for routine primary care and/or mental health through the Suquamish Health Division.

Consultation

Consultation with a specialist (e.g. psychiatry, psychology, pain management, neurology) regarding the condition for which a controlled substance is prescribed or for the assumption of ongoing prescribing of the controlled substance will be at the discretion of the clinician. A patient may also request such consultation. Clinicians will follow WA State DOH rules regarding referral to a Pain Management Specialist when prescribing over 120 Morphine Equivalent Dose (MED) daily.

Co-prescribing

Clinicians cannot knowingly prescribe opioids in combination with the following medications without documentation of medical decision making:

- Benzodiazepines
- Carisoprodol
- Barbiturates
- Sedatives
- Nonbenzodiazepine hypnotics

Prescription Monitoring Program (PMP) queries

Must be completed and pertinent concerns raised in review of PMP should be documented in patient record:

- At the first refill or renewal of an opioid prescription
- At each pain treatment transition phase

- Periodically based on the patient risk level
- For episodic care of a patient currently on opioids for chronic pain

Patient agreement, notification, secure storage, and disposal

1. The clinician shall use a written agreement (Controlled Substances Agreement) that outlines the patient's responsibilities for pharmacologic therapy. This will be signed by the patient and clinician at the time of first prescription and embedded or scanned into electronic health record.
2. Patients will be informed verbally and in writing (Controlled Substances Agreement) of the following information at the first issuance of a prescription for controlled substances and periodically thereafter.
 - a. Risks associated with the use of controlled substances, including the risk of dependence and overdose, as appropriate to the medical condition, the type of patient, and the phase of treatment.
 - b. Management alternatives, including pharmacological and nonpharmacological treatments, whenever reasonable, clinically appropriate, evidence-based alternatives exist.
 - c. The safe and secure storage of controlled prescriptions.
 - d. The proper disposal of unused controlled medications including, but not limited to, the availability of recognized drug take-back programs.
 - e. That the patient has the right to refuse a controlled substances prescription or order for any reason.
3. If the patient is under eighteen years old or is not competent, the discussion required by subsection of this section must include the patient's parent, guardian, or the person identified in accordance with the Suquamish Tribal Code and/or RCW 7.70.065, unless otherwise provided by law.

Indications to taper or stop controlled substance prescribing

1. Patient request
2. Patient experiences a deterioration in function
3. Lack of demonstrable clinical benefit of using controlled substance
4. Patient is noncompliant with the written agreement
5. Other treatment modalities are indicated
6. Failure to comply with medical evaluation of complaint: diagnostic tests requested (e.g., radiology tests, EMG, stress test) and referrals (e.g., neurology, neurosurgery, physical or occupational therapy, psychology, psychiatry)
7. There is evidence of misuse, abuse, substance use disorder, or diversion
8. The patient experiences a severe adverse event or overdose
9. There is unauthorized escalation of doses
10. The patient is receiving an escalation in dosage with no improvement in their symptoms or function
11. Disorderly behavior in clinic: abusive behavior toward clinic staff, or disruptive behavior interfering with the care of other patients will not be tolerated and may result in discontinuation of controlled substance prescription and/or dismissal from clinic
12. Patient missing more than two appointments (no shows) per year without proper cancellation .